



Name:

Phone:

Email Address:

Date:

Treatment

1 Prescription Medications:

Drug Name:	Reason taken:	Dose:	How often you take it:	Refill needed when:
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2 Over-the-Counter Medications, Supplements, Herbs etc.:

Drug Name:	Reason taken:	Dose:	How often you take it:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Treatment

3 *I would like help improving the following areas:*

- Pain
- Morning Stiffness
- Fatigue

4 *I would like to see improvement in the following activities that are affected by my symptoms:*

- Get in and out of bed
- Get in and out of the car
- Carry groceries
- Do chores
- Taking walks
- Exercise
- Get dressed
- Run errands and shop
- Never have to worry how I'll feel

Symptoms

5 *Over the past week, I rate my pain as:*

- No Pain 1 2 3 4 5 6 7 8 9 10 Severe Pain

6 *Over the past week, I rate my level of fatigue:*

- No fatigue 1 2 3 4 5 6 7 8 9 10 Extreme Fatigue

7 *Over the past week, my arthritis symptoms caused feelings of depression:*

- Never 1 2 3 4 5 6 7 8 9 10 Always

Symptoms

8 Considering all the ways arthritis affects me, I am doing:

Very Well 1 2 3 4 5 6 7 8 9 10 Very Poorly

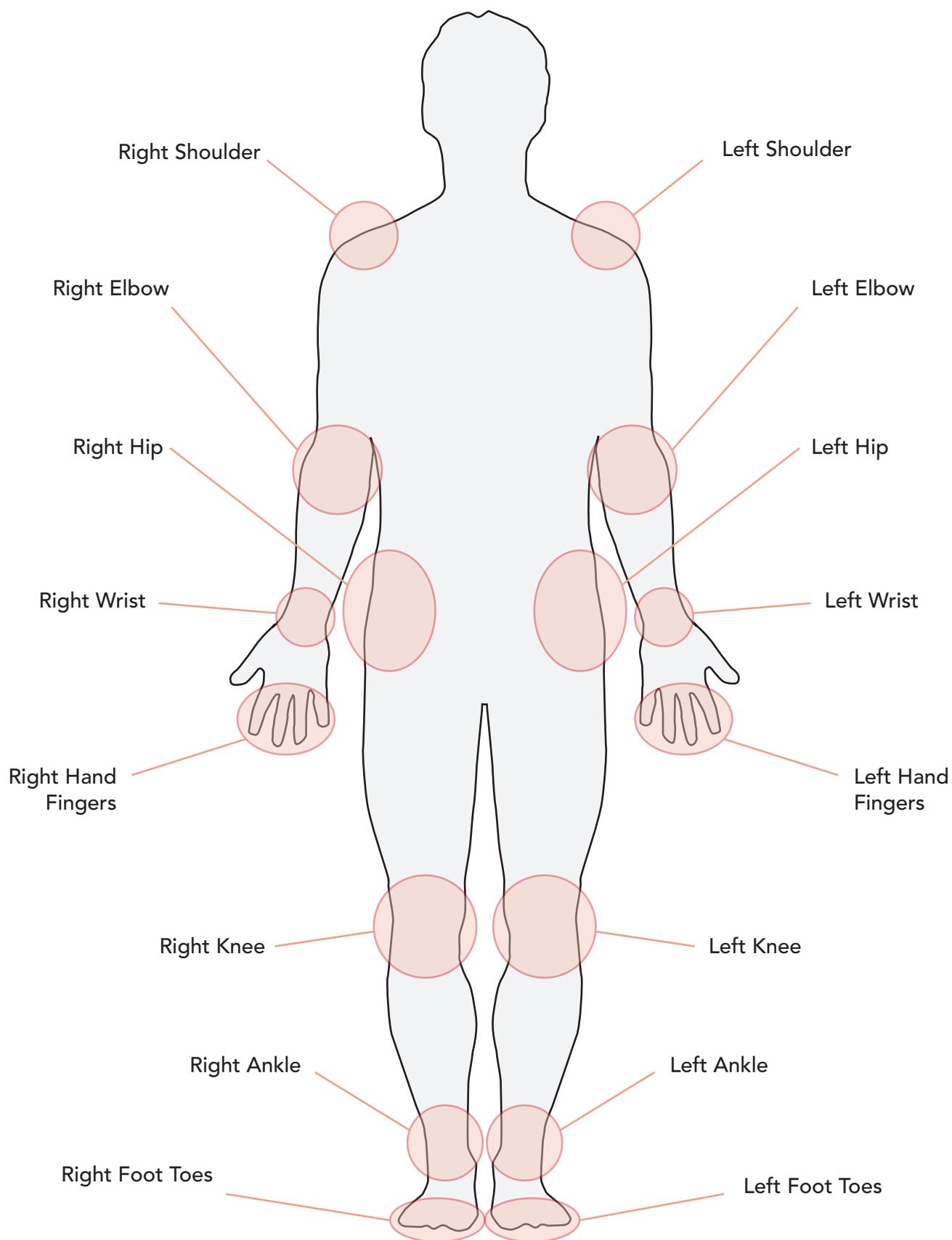
9 Rate each task using the following scale. Circle the most accurate response:

	Without ANY difficulty	Without SOME difficulty	Without MUCH difficulty	UNABLE to do
1). Get in and out of bed:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2). Dress yourself, including shoelaces and buttons:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3). Bend down to pick up clothing from the floor:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4). Get in and out of a car, bus or train:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5). Walk outdoors on a flat ground:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6). Lift a full cup or glass to your mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7). Wash and dry your entire body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8). Turn facets on and off?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9). Walk two miles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...

Symptoms

10 Using the drop downs, rate each place you've had pain today:



Flares

Flare #1 (dates: -)

11 *During the duration of your flare please rate your average level of pain:*

No Pain 1 2 3 4 5 6 7 8 9 10 Severe Pain

12 *During the duration of your flare please rate your average level of fatigue:*

No Fatigue 1 2 3 4 5 6 7 8 9 10 Severe Fatigue

Flare #2 (dates: -)

13 *During the duration of your flare please rate your average level of pain:*

No Pain 1 2 3 4 5 6 7 8 9 10 Severe Pain

14 *During the duration of your flare please rate your average level of fatigue:*

No Fatigue 1 2 3 4 5 6 7 8 9 10 Severe Fatigue

Flare #3 (dates: -)

15 *During the duration of your flare please rate your average level of pain:*

No Pain 1 2 3 4 5 6 7 8 9 10 Severe Pain

16 *During the duration of your flare please rate your average level of fatigue:*

No Fatigue 1 2 3 4 5 6 7 8 9 10 Severe Fatigue



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Funded by Bristol-Myers Squibb Foundation

Sleep

17 *The following questions ask about your sleep patterns:*

Did you sleep through the night?

Yes

No

If not, how many times was your sleep disrupted?

How many hours did you sleep during the night?

18 *My goals for today's visit are:*

19 *My questions for today's visit are:*

Here are some questions you may want to ask your rheumatologist: